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APPLICANTS

Ali R. Rezai, Bratenahl, OH;

** CONTINUING DATA *****

This application is a CIP of 09/488,999 01/20/2000 PAT 6,356,786
 and is a CIP of 09/490,617 01/25/2000 PAT 6,438,423
 and is a CIP of 09/511,839 ABN
 and is a CIP of 09/511,841 02/24/2000 PAT 6,356,787

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 5	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

Zeba Ali, Esq.
 KENYON & KENYON
 1500 K. Street, N.W.
 Washington, DC
 20005

TITLE

Electrical stimulation of the sympathetic nerve chain

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
RECEIVED 543		<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)

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